

Saving Makes Cents

A PROJECT OF STATE TREASURER TIMOTHY P. CAHILL

SCHOOL PARTICIPATION FORM

Principal or Contact Name:	_____
School Name:	_____
Address:	_____

Telephone:	_____
Fax:	_____
Number of years you have been participating:	_____
Grade that will be participating (3 rd , 4 th , 5 th , and 6 th):	_____
Number of classes that will be participating:	_____
Number of students that will be participating:	_____
Number of teaching manuals needed:	_____
Sponsoring Bank Name and Address:	_____

Bank Contact:	_____

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